



MISSOURI DEPARTMENT OF TRANSPORTATION
MENTOR/ PROTÉGÉ PROGRAM

PROTÉGÉ APPLICATION

1. Company Information:

Legal Name: _____ d/b/a (if different): _____ Federal Tax ID: _____

Business Address: _____ Mailing Address: _____

Business Phone/Fax: _____ Email Address: _____

Certification Status: _____ Owner's Name and Title: _____
(Check all that apply) _____
SBA 8 (a): _____ Expiration date: _____
DBE: _____ Expiration date: _____
Other: _____ (Explain: _____)

Legal Structure of Business:
(Check one)

Corporation: _____ Sole Proprietorship: _____

Partnership: _____ Limited Liability: _____

Other: _____

Does your Company have a Business Plan? (Check one)

Yes: _____ No: _____

If yes, please submit with your application.



Your signature certifies that the information supplied on all corresponding pages and attachments is accurate.

Signature

Date

NOTARY PUBLIC

On this _____ day of _____ 2 _____ before me appeared _____
and _____ who, being duly
sworn, did execute the fore-going affidavit, and did state they were properly authorized by the above-
named DBE firm to execute this affidavit, and that they did so as their free act and deed.

Signed _____ Notary Public.

My Commission expires:



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2. Identify All Owners/Shareholders:

<u>Name</u>	<u>% Ownership</u>	<u>Name</u>	<u>% Ownership</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Business Established:

Specialties:

Number of Full-time Employees:

Number of Part-time Employees:

Name of Insurance Company:

Bonding Company:

(Please attach certificate of insurance)

(Please attach proof of bonding, if applicable)

3. Business References:

Please list your major customers for past two years and indicate your role on contract:
(P) Prime contractor; (JV) Joint Venture; (Sub) Subcontractor

<u>Customer</u>	<u>Telephone/Contact</u>	<u>Type of Project</u>	<u>Role</u>	<u>Contract Amount</u>	<u>Year</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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4. Please Provide Your Annual Gross Receipts for the Last Three Fiscal Years:

<u>Fiscal Year</u>	<u>Annual Gross Receipts</u>
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_____	_____
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_____	_____
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_____	_____
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5. Check Categories in which You Need Assistance:

_____ Business Planning	_____ Record Keeping
_____ Technical Assistance	_____ Capital Formation
_____ Financial Counseling	_____ Bonding
_____ Equipment Utilization	_____ Other (List)

6. Purpose and Goals for the Application:

State in detail why you want to participate in the Mentor/Protégé Program:

What benefits do you want to obtain from the Mentor/Protégé Program?

What business specialties do you want to learn and/or enhance?

Identify the specific government entities that you have worked with (City, County, State, Federal, Airport Authority, METRO.) With which agency have you secured most of your contracts?

7. Attach one Development Plan per Mentor/Protégé relationship. (See enclosed Program Guidelines.)



Return the completed application to:

Missouri Department of Transportation
External Civil Rights Division/DBE Supportive Services
Mentor/Protégé Program
1590 Woodlake Drive
Chesterfield, MO 63017

If you have any questions or need additional information, please contact:

Missouri Department of Transportation
External Civil Rights Division/DBE Supportive Services
1590 Woodlake Drive
Chesterfield, MO 63017
314-453-5027
patricia.weekley@modot.mo.gov